Licensing Section 700 West State Street 3<sup>rd</sup> Floor P.O. Box 83720 Boise, ID 83720-0043 Phone (208) 334-4250 Fax # (208) 334-4398

www.doi.idaho.gov

## **Idaho Department of Insurance**

## Application for Registration as a Third Party Administrator



\_\_\_\_\_

Application for registration as a Third Party Administrator for firms that administer self-funded plans that are not regulated by Title 41, Idaho Code [see Idaho Code §41-910]			
☐ Initial Registration ☐ Renewal Registration			
Type of Entity:   Corporation Partnership Association LLC Other			
Legal Name of Applicant	Federal Tax Ide	Federal Tax Identification Number	
Contact Person Name and Title	Phone ( )	Email	
Business Address (Do not use PO Box)	City	State	Zip
Mailing Address (If different from business address)	City	State	Zip
Business Phone Fax ( )		State of Domicile	
Attach a listing of all employers for which your firm provide the full name and address of each employer, and date you name of employer and date you name of employers and date you name of employers for which your firm provide the full name and address of each employer, and date you name of employers for which your firm provide the full name and address of each employer, and date you name of employers for which your firm provide the full name and address of each employer, and date you name of each employer, and date you name of employers for which your firm provide the full name and address of each employer, and date you name of employers for each employer, and date you name of employers for each employer, and date you name of employers for each employer.	ur firm initiated adn /ER	ministrative services.	of Idaho. Please include SERVICES INITIATED

Confirmation of registration will be mailed within 30 days of receipt of completed registration form.

Registration expires on December 31 biennially and re-registration using this form is required. No fees required.

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## Registrant Attestation and Certification

I certify that, under penalty of perjury, I am the person named herein and know the contents thereof, and that all of the information submitted in this application is true and complete. I attest that I have the authority and capacity to execute this certification on behalf of the registrant. I am aware that submitting false information or omitting pertinent or material information in connection with this registration is grounds for denial of registration.			
Name of registrant:			
Signature of officer or representative of registrant			
Printed name of officer/representative			
Title Date			

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